

<b>Case Number:</b>	CM13-0044181		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/1999
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year-old female with an industrial injury on 1/8/99. Patient had epicondyle reconstruction of the right elbow with poor response. Exam notes from 6/27/13 demonstrate patient was seen for Thoracic Outlet Syndrome and Complex Regional Pain Syndrome. Exam notes from 9/16/13 demonstrate patient had undergone a dorsal column stimulator generator removal and requested the leads of the cervical spine be removed. Neurologically the patient was intact on exam but the right upper extremity was difficult to assess. Cervical spine range of motion was decreased in all fields. X-rays of the cervical spine demonstrate leads are in place at C2 level. Request is for TEC system (iceless cold therapy unit with deep vein thrombosis and cervical wrap) for 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DEEP VEIN THROMBOSIS AND CERVICAL WRAP) TIMES FOURTEEN DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY.

**Decision rationale:** According to the Official Disability Guidelines, continuous flow cryotherapy is not recommended in the neck and not recommended for nonsurgical treatment. Therefore the request is non-certified.